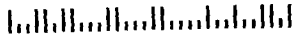


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Mactec, Inc.
1105 Lakewood Parkway
Suite 300
Alpharetta, GA 30004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *V. Shifon*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Vikishifon

C. Date of Delivery

5-19-08

- address different from item 1? ☐ Yes
other delivery address below: ☐ No

08cv 215
540

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

☐ Yes

2. #

(

PS Form 3800, February 2004

Domestic Return Receipt

102595-02-M-1540